

P395

## P395 -Relapse rate in systemic lupus erythematosus with or without lupus nephritis

Sister Hannah Guest<sup>1</sup>, Mr Rhodri Thomas<sup>1</sup>, Dr Dimitrios Chanouzas<sup>1</sup>, Sister Sarah Logan<sup>1</sup>, Dr Ben Rhodes<sup>1</sup>, Dr Peter Hewins<sup>1</sup>

<sup>1</sup>University Hospitals Birmingham NHS Foundation Trust, Birmingham, United Kingdom

### Background

The clinical course of systemic lupus erythematosus is variable. Whilst relapsing disease is common, the incidence of and the factors associated with disease flares remain incompletely understood. In addition, the therapeutic options available for inducing and maintaining disease remission have significantly evolved over the course of the last decade. Here, we have sought to evaluate and compare the relapse rate and treatment characteristics of patients with or without a previous diagnosis of lupus nephritis under regular clinic follow-up in our multi-disciplinary lupus service.

### Methods

We are retrospectively analyzing data on all patients seen within our multi-disciplinary lupus clinics between June 2015 and June 2016. Variables collected include demographics, presence of previous lupus nephritis diagnosis at the index clinic visit, treatment characteristics, baseline renal biopsy details for those patients with a previous diagnosis of lupus nephritis, relapses within 12 and 24 months and biopsy and treatment characteristics of relapsed patients.

### Results

Results are presented here for 147 patients analysed to date. 61 patients (41.5%) had a previous diagnosis of lupus nephritis.

Amongst the 86 patients with no previous history of lupus nephritis 43% of patients were on either no maintenance therapy or hydroxychloroquine alone. 57.0% of patients were on corticosteroid maintenance whilst 11.6% of patients were on mycophenolate mofetil, 16.3% on azathioprine, and 8.1% on methotrexate. 6 of 86 patients relapsed within 12 months (7.0%) and a further 3 patients relapsed within 24 months (10.5% in total). One patient had a relapse associated with new onset of lupus nephritis. One relapse was treated with rituximab and one with cyclophosphamide. The remainder were managed with a tapering course of steroids and switch to mycophenolate.

Amongst the 61 patients with prior lupus nephritis 9.8% of patients were on either no maintenance therapy or hydroxychloroquine alone. 70.5% of patients were on corticosteroid maintenance whilst 52.5% of patients were on mycophenolate mofetil and 14.8% on azathioprine. 19 of 61 patients relapsed within 12 months (31.1%) and a further 2 patients relapsed within 24 months (34.4% in total). 14.8% patients had more than one relapse over the 24 months period. Most patients that relapsed had class IV disease on renal biopsy (46.1%), followed by class V (23.0%) and class III (15.4%). The majority of relapses were treated with rituximab (57%) followed by cyclophosphamide (23.8%). One patient with recurrent disease relapse received belimumab.

### Conclusion

In our single centre analysis the relapse rate of patients with a previous diagnosis of lupus nephritis is over three times higher than that of patients with no previous lupus nephritis.